

05/10/2005 13:02 FAX 949 251 0900

MOFO 12th fl.

RECEIVED
CENTRAL FAX CENTER

001/006

MORRISON | FOERSTER

10900 MACARTHUR BLVD.

IRVINE

CALIFORNIA 92612-2445

TELEPHONE: 949.251.7500

FACSIMILE: 949.251.0900

WWW.MOFO.COM

MAY 10 2005

MORRISON & FOERSTER LLP

NEW YORK, SAN FRANCISCO,

LOS ANGELES, PALO ALTO,

SAN DIEGO, WASHINGTON, D.C.

DENVER, NORTHERN VIRGINIA,

ORANGE COUNTY, SACRAMENTO,

WALNUT CREEK, CHICAGO CITY

TOKYO, LONDON, BEIJING,

SHANGHAI, HONG KONG,

SINGAPORE, BRUSSELS

To:

| NAME: | FACSIMILE: | TELEPHONE: |
|----------|----------------|------------|
| MS - IDS | (703) 872-9306 | |

MORRISON & FOERSTER OFFICE:

Barbara M. Hayashi, Orange County

FROM: Todd W. Wight

DATE:

May 10, 2005

| | | |
|-------------------------------------|---|--|
| Number of pages with cover page: | 6 | |
|-------------------------------------|---|--|

Preparer of this slip has confirmed that facsimile number given is correct:

7822/TWW2**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Comments:

| | |
|-----------------------|---|
| Attorney Docket No. : | 480062001900 |
| Group Art Unit: | 3763 |
| Examiner: | Not Yet Assigned |
| Application Number: | 10/803,518 |
| Filing Date: | March 18, 2004 |
| Inventors: | Powers et al. |
| Title: | Connector System for a Proximally Trimmable Catheter |
| Attachments: | Transmittal (1 pg.), Supplemental IDS (3 pgs), PTO-SB/08a/b (1 pg.) |

05/10/2005 13:02 FAX 949 251 0900

MOFO 12th fl.

002/006

RECEIVED
CENTRAL FAX CENTER

MAY 10 2005

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0051
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

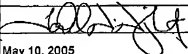
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|---|------------------------|------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/803,513 |
| | | Filing Date | March 18, 2004 |
| | | First Named Inventor | Kelly B. POWERS et al. |
| | | Art Unit | 3763 |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 480062001900 |

ENCLOSURES (Check all that apply)

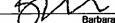
| | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement - Supplemental (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-SB/08a/b (1 page) |
| Remarks: _____ | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | MORRISON & FOERSTER LLP - Customer No. 25224 Todd W. Wight - 45,218 |
| Signature |  |
| Date | May 10, 2005 |

I hereby certify that this correspondence is being facsimile transmitted (along with any paper referred to as being attached or enclosed) to the Patent and Trademark Office, facsimile no. (703) 872-9306 on the date shown below.

Dated: May 10, 2005

Signature: 
Barbara Hayashi

oc-296657

PAGE 2/6 * RCVD AT 5/10/2005 4:02:44 PM (Eastern Daylight Time) * SVR:USPTO-EFAXF-1/1 * DNIS:8729306 * CSID:949 251 0900 * DURATION (mm:ss):02:08

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.M./

05/10/2005 13:03 FAX 949 251 0900

MOFO 12th fl.

003/008

RECEIVED
CENTRAL FAX CENTER

MAY 10 2005

PATENT

Docket No. 480062001900

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-8306 on the date shown below.

Dated: May 10, 2005 Signature:


Barbara Hayashi

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Kelly B. POWERS et al.

Serial No.: 10/803,513

Filing Date: March 18, 2004

For: CONNECTOR SYSTEM FOR A.
PROXIMALLY TRIMMABLE
CATHETER

Examiner: Not Yet Assigned

Group Art Unit: 3763

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO-1449. Pursuant to the USPTO notice dated July 11, 2003, waiving the requirement under 37 C.F.R. § 1.98 (a)(2)(i) to provide copies of U.S. Patents and U.S. Published Applications, copies of those references are not submitted. The Examiner is requested to make these documents of record.

oc-296655 v1

PATENT
Docket No. 480062001900

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☒ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
- ☐ A fee is required. A check in the amount of ___ is enclosed.
- ☐ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
- ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly, no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
- ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of ___ is enclosed.
- ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

oc-296655 v1

05/10/2005 13:03 FAX 949 251 0900

MOFO 12th fl.

005/006

PATENT

Docket No. 480062001900

(iii) the information, protocols, results and the like reported by third parties are accurate or enabling;
or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing (480062001900). However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: May 10, 2005

Respectfully submitted,

By

Todd W. Wight

Registration No.: 45,218

MORRISON & FOERSTER LLP

555 West Fifth Street, Suite 3500

Los Angeles, CA 90013-1024

(949) 251-7189

oc-296655 v1

ALTERNATIVE TO PTO/SB/08a (06-03)

| | | | | | |
|---|---|--------------------------|------------------|------------------------|--------------|
| Substitute for form 1448/PTO | | Complete if Known | | | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | | Application Number | 10/803.513 | | |
| | | Filing Date | March 18, 2004 | | |
| | | First Named Inventor | Kelly B. POWERS | | |
| | | Art Unit | 3763 | | |
| | | Examiner Name | Not Yet Assigned | | |
| Sheet | 1 | of | 1 | Attorney Docket Number | 480062001900 |

| U.S. PATENT DOCUMENTS | | | | | |
|-----------------------|-----------------------|---|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number Number/Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | 1 | US 2005/0085794 A1 | 04-21-2005 | Denoth et al. | |

| FOREIGN PATENT DOCUMENTS | | | | | |
|--------------------------|-----------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | | | | |

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 801.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.5). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS | | | | | |
|---------------------------------|-----------------------|---|--|--|----------------|
| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | | | 1 ² |
| | | | | | |

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

| | | | |
|--------------------|-----------------|-----------------|------------|
| Examiner Signature | /Manuel Mendez/ | Date Considered | 07/21/2008 |
|--------------------|-----------------|-----------------|------------|